



City of Las Vegas

CLAIM FOR REFUND

Date of Refund Request

TO: Finance and Business Services, Accounts Payable:

☐ Hansen

☐ Legacy

Name

Address

City, State, Zip Code

In the amount of

\$ _____

For the following:

Document # (i.e., Permit #, GR #)

Date Issued

For CLV use only

% of Fees Eligible for Refund:

\$ _____

Amount Paid

Type of Permit

Deposited by _____

Reason for refund: _____

Claimant Signature

FOR DEPARTMENT USE:

I certify this refund is correct. The amount listed is due to the claimant.

Itemized Amounts for Refund:

Authorized by

Title

Preparer

Title

HANSEN	FUND	ORG	ACCT	PROJECT	TASK	OPT	AMOUNT	CLV	DATE
REFUND	100000	00000	160870	000000	000	000			